CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 17th March, 2016**, Rooms 3 and 4 - 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP.

Members Present:
Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health
Clinical Representative from the Central London Clinical Commissioning Group: Dr Paul O'Reilly (acting as Deputy)
Cabinet Member for Children and Young People: Councillor Karen Scarborough (acting as Deputy)
Minority Group Representative: Councillor Barrie Taylor
Acting Director of Public Health: Eva Hrobonova
Tri-borough Director of Children's Services: Liz Bruce
Clinical Representative from West London Clinical Commissioning Group: Dr Philip Mackney
Chair of the Westminster Community Network: Jackie Rosenberg

1 MEMBERSHIP

1.1 Apologies for absence were received from Janice Horsman (Healthwatch Westminster), Dr David Finch (NHS England) and Dr Eva Larsson (NHS England).

1.2 Apologies for absence were also received from Dr Neville Purssell (NHS Central London Clinical Commissioning Group) and Councillor Danny Chalkley (Cabinet Member for Children and Young People). Dr Paul O'Reilly (NHS Central London Clinical Commissioning Group) and Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) attended as their respective Deputies.

1.3 Matthew Bazeley (Managing Director, Central London Clinical Commissioning Group) and Louise Proctor (Managing Director, West London Clinical Commissioning Group) also gave their apologies for absence. Philippa Mardon (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) and Simon Hope (Deputy Managing Director, West London Clinical Commissioning Group) attended as their respective Deputies.

1.4 In recognising that many areas of the Board's work involved housing matters, Members agreed that the Director of Housing and Regeneration be appointed onto the Board.

1.5 **RESOLVED:**

That the Director of Housing and Regeneration be appointed onto the Westminster Health and Wellbeing Board.

2 DECLARATIONS OF INTEREST

2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:**

1. That the Minutes of the meeting held on 21 January 2016 be approved for signature by the Chairman; and

2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

3.2 The Board noted that it had received a briefing providing an update on the Shaping a Healthier Future programme prior to the start of this meeting.

4 WESTMINSTER HEALTH AND WELLBEING STRATEGY REFRESH UPDATE

4.1 The Chairman introduced the item and emphasised that the strategy refresh was particularly critical in terms of the need for it to feed into NHS England's five year Sustainability and Transformation Plan (STP). Members then received a detailed presentation from Philippa Mardon (Interim Deputy Director, NHS Central London Clinical Commissioning Group), Meenara Islam (Principal Policy Officer) and Phoebe Morris-Smith (Policy Officer). The Board heard that the strategy identified North West London as its 'place' and there would be close collaboration, co-design and co-development of services between the Board and its partner organisations. The strategy was to be considered in the context of the Council's City for All vision, the STP, devolution of health services at pan London and North West London levels, and population changes which would influence the disease burden.

4.2 In terms of the strategy's direction of travel, Members noted that prevention and a whole systems approach would be taken and the Board was to have greater system leadership to ensure that the strategy was being developed. The strategy was to remain consistent with the national vision for health and wellbeing. A population group approach was also to be taken with life stage and health status helping to identify those groups that should be prioritised and the appropriate action taken. Robust evidence also needed to be collected and this would be achieved through measures such as deep drive

joint strategic needs assessments and the primary care modelling project. Both health sector intelligence and community sector intelligence, such as from Healthwatch, would also be used to gather relevant data and the evidence base was expected to be completed by the end of March. Members were informed that use of technology would be maximised to help move services forward, such as GPs using Skype to talk to patients, and it was recognised that a large segment of the population wanted to use technology in accessing services.

4.3 Meenara Islam then drew Members' attention to the timetable for completing the strategy refresh as circulated at the meeting. There were three phases to completing the refresh, with phase 1, evidence analysis and theme development, largely completed. Phase 2 would seek to agree and finalise content themes and priorities and provide targeted engagement with a view to producing the first draft of the strategy refresh for the next Board meeting on 26 May. During the course of phase 2, a Health and Wellbeing Board workshop would take place on 5 April and a stakeholders meeting, including service users and patient groups, on 13 April. Phase 3 would involve consultation on the draft strategy and culminate in the publication for the final strategy refresh which was due in mid-October or early November.

4.4 During discussion, the Chairman acknowledged that the timescales for completing the strategy refresh were tight, however this was due to it having to also meet the STP deadlines. She emphasised that phase 2 was particularly critical in developing the strategy refresh and advised that the evidence base would be available before the Health and Wellbeing Board workshop. In noting that the strategy refresh's link to NHS England's STPs, a Member emphasised the importance in ensuring that the Westminster voice was heard. Another Member commented that the long term future for carers should be mentioned in phase 2 of the strategy refresh. In respect of drug and alcohol services, he acknowledged that there were budgets for these for both the NHS and Public Health. However, Public Health was not bound by the same consultation requirements as the NHS and he felt that it was desirable that the Public Health consultation be reasonably similar. He also suggested that Queens Park Community Council be approached in respect of providing intelligence from the community sector.

4.5 A Member acknowledged that sound self-management was fundamental to the success in delivering services. She felt that the strategy refresh lacked setting out the significant role that voluntary and community organisations could play in helping to deliver services. Whilst NHS West London Clinical Commissioning Group (CCG) did engage with voluntary and community organisations, she felt that there was room for improvement for NHS Central London CCG in this area.

4.6 In reply to the issues raised, Philippa Mardon advised that the tri-boroughs and the CCGs were both working together and separately in terms of developing health and wellbeing strategies. The Chairman advised that three priorities needed to be submitted in respect of the STP by 24 March. However, this presented an opportunity for the Westminster voice to be heard and in order to achieve this, a strong and robust piece of work with significant

engagement was required. The Chairman reiterated that Members should take into consideration the challenging timescales and she emphasised the importance of attending the health and wellbeing workshop. Meenara Islam agreed to circulate details of the proposals discussed at an engagement plan meeting involving Council and CCG colleagues.

5 NHS CENTRAL LONDON CLINICAL COMMISSIONING GROUP INTENTIONS

5.1 Philippa Mardon presented the report and advised that the allocation of funding for NHS Central London CCG for 2016/17 meant that there was a financial gross gap of £17m that needed to be met which would present a considerable challenge. The CCG would need to address both short term and long term problems, however it was working closely with its partners in its commissioning intentions and efforts were being focused in areas such as mental health and new models of care. Philippa Mardon emphasised that the CCG was committed to creating a sustainable future.

6 NHS WEST LONDON CLINICAL COMMISSIONING GROUP INTENTIONS AND CORPORATE OBJECTIVES

6.1 Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group) presented the report and advised that initial commissioning intentions for 2016/17 had been produced in October 2015. The commissioning intentions were similar to those in 2015/16 and were part of a five year plan. Simon Hope advised that the final corporate objectives, including the commissioning intentions, would be presented to the CCG's Governing Body in April 2016.

6.2 Members then discussed both NHS Central London and NHS West London CCGs' commissioning intentions and plans. Mike Robinson (Tri-Borough Director of Public Health) commented that the two CCGs' reports differed quite considerably in format and content and in noting the financial details contained in the NHS Central London CCG report, he enquired whether there was a standard format for CCGs in reporting their commissioning intentions. Members sought further explanation as to the £17 million funding gap for NHS Central London CCG. It was also commented that the NHS West London CCG report did not have any specific reference to children's mental health, although this was a Board and Government priority.

6.3 In response to the issues raised, Philippa Mardon advised that the reasons for the £17 million financial gap for NHS Central London CCG were being investigated and was partly attributable to the level of funding it had received for 2016/17, the increases in the critical care bill and in activity generally across the CCG. She added that possible explanations would continue to be scrutinised. Simon Hope advised that the NHS West London CCG report did not include all details of commissioning intentions and plans, however he would feedback to the CCG the point raised by Members in respect of children's mental health. He advised that it was down to the CCGs as to how they reported their commissioning intentions and corporate objectives, however efforts had been made to make the NHS Central London and NHS

West London CCG reports broadly similar. In respect of NHS West London CCG, the financial details had not yet been to the Governing Body and so this is why they had not been included in the report.

6.4 The Chairman advised that she had discussed the issue of the CCG reports with Dr Neville Purssell (NHS Central London Clinical Commissioning Group) and there would be further consideration of how these reports would be presented in future, with the aim of producing reports that were more similar in format and also more user friendly.

7 BETTER CARE FUND UPDATE

7.1 Liz Bruce (Tri-Borough Executive Director of Adult Social Care) provided an update on the Better Care Fund and advised that technical guidance had been received in respect of allocations for 2016/17 through the publication of the Government's Better Care Fund Policy Framework. She advised that the Council had agreed a council tax increase of 2% in respect of the adult social care precept.

7.2 Members sought more details on the 2% increase in respect of the adult social care precept and how was it intended to be used. It was suggested that the additional funding could be used in respect of discharge arrangements. Liz Bruce advised that the adult social care precept amounted around an additional £900,000 and there would be further consideration as to how it would be used.

8 PRIMARY CARE MODELLING PROJECT UPDATE

8.1 Rosalyn King (Director of Health Outcomes, NHS Central London Clinical Commissioning Group) introduced the report and advised that NHS Central London CCG was seeking to appoint an analyst to work on modelling the data obtained and progress was expected to be made on this in the next few months. It was hoped that there would be sufficient financial resources in 2016/17 to support the project.

8.2 Damien Highwood (Evaluation and Performance Manager) then informed Members that the care models had been presented to the London boroughs in January 2016, following a request from the Greater London Authority (GLA). The Council and other London boroughs also had the possibility of using WITAN, a city planning platform and demographic modelling tool that had been developed for the GLA. The Council was working with the GLA to see ways in which its models could be used in areas such as migration assumptions and in anticipating where new housing would be built, including the specific wards. Potentially this may also include details of the type of housing being developed. Damien Highwood added that the demographic models being developed were able to provide figures, however it was hoped that in future they would also be able to identify future needs. Mike Robinson commented that models were developing well and work would focus on forecasting key outcomes.

8.3 Rianne Van Der Linde (Public Health Analyst) then gave a presentation updating Members on progress in primary care modelling. She advised that 71% of Central London CCG registered patients were in its catchment area, 14% in NHS West London CCG's, 6% in Hammersmith and Fulham CCG's and 12% within other London CCG's catchment area. Rianne Van Der Linde advised that a patient survey undertaken in 2012-13 to identify the reasons why patients registered outside their catchment area had shown that 33% had done so because it was convenient to them, 26% had moved home and did not want to change practice, 23% had moved to the area but registered with a GP out of the catchment area, whilst 14% were dissatisfied with the practice in their area or they wanted a specific service or a particular GP. The next steps would involve analysing past trends in individual level data of NHS Central London CCG's registered population by age, sex and place of residence and developing a GP registered based primary care forecasting model.

8.4 Members enquired whether data was available on the number of patients registered under multiple identities and the reasons why 5% of the population in Westminster were not registered with GPs. Clarification was sought as to whether the models of care were being developed for NHS Central London CCG only or for the whole of Westminster. A Member commented that some of the patients who for example attend St. Mary's Hospital Accident and Emergency department may differ considerably to those who took part in the patients survey. It was also asked whether polling district specific data could be drawn up and if was possible to determine the percentage of residents who are registered with GPs by postcode.

8.5 In reply to the issues raised, Mike Robinson stated that the percentage of patients with multiple IDs was not known and this would be difficult to calculate, however sharing information with other organisations may assist. Rianne Van Der Linde advised that the 5% of residents not registered with GPs could be attributable to the high flow of migration in Westminster. Damien Highwood added that the percentage of unregistered residents may actually be higher, however the figure set was influenced by how the City Survey was undertaken. Rosalyn King commented that it may be possible to calculate the percentage of residents registered with GPs by postcode.

8.6 The Chairman confirmed that the models of care were for the whole of Westminster and the project was overseen by the Board. She advised that although the GLA had expressed interest in using the models, NHS Central London and NHS West London CCGs and the tri-borough local authorities felt that it was better at this stage to continue independently joint development of the models.

RESOLVED:

1. That progress on the primary care modelling project be noted; and

2. That the close collaboration between the Council's and the Clinical Commissioning Groups' officers be noted and that it be agreed to provide continued support for the project.

9 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLAN UPDATE AND NEXT STEPS

9.1 The Chairman introduced the report and welcomed the update which sought to demonstrate how the different programmes pulled together and she emphasised the desire for a more joined-up approach, as existed in the work taking place in mental health for older people.

9.2 Steve Buckerfield (Head of Tri-Borough Children's Joint Commissioning) then presented the report and began by highlighting the need for the creation of a forum that met regularly to discuss children and young people's mental needs, as already existed for older people's health needs. He drew Members' attention to the achievements of the plan to date as set out in the report, including work with the North West London CCGs. Steve Buckerfield advised that NHS England had agreed to relinquish control of hospital beds on 10 March and the likely outcome would be that a collaboration of CCGs would be able to control bed allocation, which would be beneficial as it would allow for greater flexibility. The North West London collaboration of CCGs were to request that they be amongst the first to take this forward. Steve Buckerfield advised that the mental health transformation plan sought to address the mental health needs of children and young people across Westminster and the other tri-boroughs. He remarked that Westminster currently lacked a lead organisation for young people and mental health from the voluntary sector and he welcomed any attempts to fill this gap. He also stated that consideration could be given as to whether to extend children and young people's mental health services up to the age of 25. Steve Buckerfield concluded by requesting that the Board support the work being undertaken to transform mental health services for young people.

9.3 During discussion, Members enquired whether the North West London collaboration of CCGs had already approached NHS England about taking control of hospital beds. A Member suggested that a way voluntary organisations could contribute in providing mental health services for children and young people is to take part in mentoring. In respect of the lack of voluntary organisations leading on mental health for children and young people in Westminster, Jackie Rosenberg (Westminster Community Network) stated that many voluntary organisations were unable to afford the rates in the borough. However, there were plenty of voluntary organisations that could be interested in helping to co-design such a service and larger voluntary organisations, such as MIND, may be interested in providing input. Jackie Rosenberg also asked whether there were any plans for services in respect of post-traumatic stress disorder which may in particular affect refugees arriving in Westminster. Liz Bruce welcomed the report and supported the request that the Board support the children and young people's mental health transformation, however she suggested that more details be discussed before a further report was considered at a future Board meeting.

9.4 Mike Robinson also felt there was merit in the Board continuing to support the transformation plan, however he suggested that there be greater focus on looking at what outcomes and ambitions should be achieved for children and young people. In respect of post traumatic stress disorder, he suggested that

this area could be covered by a Joint Strategic Needs Assessment and a response to the Board would be provided.

9.5 In reply to the issues raised, Steve Buckerfield stated that the North West London collaboration of CCGs were already in conversation about taking control of hospital beds and that there would be a financial advantage to CCGs each time a community initiative prevented the need to use beds. It was hoped that voluntary organisations would attend the Young People's Conference in the summer of 2016.

10 HEALTH AND WELLBEING HUBS

10.1 Eva Hrobonova (Deputy Director of Public Health) presented the report updating Members on progress on the Health and Wellbeing Hubs programme. A review of the Older People hubs had concluded that a pro-active, evidence-based approach was being taken, whilst opportunities to further increase access had also been identified. In respect of the Newman Street pilot hub, the Chairman had visited the site in February and the outcomes of the pilot were in the process of being measured. It was hoped that positive results would soon be realised. Eva Hrobonova advised that the Church Street Health and Wellbeing Community Hub was due to come into operation in 2021. Members also heard that a stakeholders workshop was planned for early April and would include a run through the Logik model.

10.2 A Member commented that both the voluntary sector and Healthwatch wanted to be more involved in the Health and Wellbeing Hubs and it was noted that they would be invited to the stakeholders workshop.

11 INNOVATION IN RAISING PARENTAL EMPLOYMENT RATES

11.1 Anna Waterman (Strategic Public Health Adviser) presented the report and began by advising that the child poverty rate in Westminster had been calculated to be 37%. A Task and Finish Group had been set up to consider how to best use funding from the Public Health Investment Fund to improve parental employment rates among low income families in order to address child poverty. The Task and Finish Group had proposed a programme of initiative that were agreed by the Cabinet Member for Adults and Public Health and the Cabinet Member for Children and Young People in October 2015. Anna Waterman referred to the objectives of the Parent Employment Programme as set out in the report which sought to address problems both in the short, medium and long term and there would be investment in both new and existing initiatives.

11.2 Anna Waterman explained that some of the barriers parents from low income families faced included lack of qualifications, childcare issues and irregular pattern of work. To tackle these, a whole systems approach was being taken and Council departments were working closely together on the programme. A Steering Committee was also to be created to give the programme more direction and focus.

11.3 Mike Robinson advised Members of two initiatives, the first being a trial project in providing vocational based adult education training for adults not yet ready for employment where childcare was also provided on site. The second initiative involved the creation of a register of child minders willing to look after children outside of normal working hours.

11.4 During discussion, Members considered how the CCGs could assist the programme and it was suggested that GP surgeries could display advertisements to raise awareness of the programme. It was remarked that the increase in self-esteem in finding employment would also lead to health benefits. In welcoming the programme, a Member commented on the difficulties single parents faced, such as travel costs, difficulties in taking time off during school holidays and affordability of childcare. Mike Robinson responded that the Family and Childcare Trust and the Council had looked into this matter and the register of child minders available for extended hours beyond normal working hours was one of the measures introduced to address this issue.

12 PRIMARY CARE CO-COMMISSIONING

12.1 Rosalyn King (Director of Health Outcomes, NHS Central London CCG) introduced the report that focused in particular on the review of GPs' Personal Medical Services (PMS) contracts. She advised that funding for PMS was routinely higher than other types of contracts and the review had given the opportunity to consider to use the premium funding. Following the review, NHS Central London CCG had submitted its recommendations for its commissioning intentions in late February to NHS England, who had subsequently approved them on 15 March.

12.2 Simon Hope advised that NHS England had raised a couple of queries in respect of NHS West London CCG's commissioning intentions and so the CCG would be making a further submission on 18 March. He commented that the review provided opportunities for cost benefits to the CCGs, although the processes involved were challenging. Although some GPs would lose their PMS contracts, transitional funding and support in changing the way they provided services would be available. There would also be the opportunity to standardise and equalise primary care across Westminster. The commissioning of services over the next three years would concentrate on the key performance indicators (KPIs) and a small amount of additional services in the first year, KPIs and a larger amount of additional services in the second year and on premium services in the third year.

12.3 During discussion, Members asked whether the changes in funding would be phased in and whether there would be sufficient resources to support those GPs who faced challenges during the changes. In respect of the potential for change, an explanation was sought as to what the impact would be on patient care. A Member advised that the proportion of NHS West London CCG GPs in Westminster who were to lose their PMS contracts was low. It was remarked that community stakeholders were pleased to hear that patient access was at the top of the agenda at a recent meeting with NHS West

London CCG. A Member enquired how the commissioning intentions in respect of immunisations complemented the 0 to 5 Healthy Child Programme.

12.4 In reply, Simon Hope advised that changes to funding would be phased over a two to three year period and making immediate recoveries of funding from GPs would be impractical. NHS England had already started identifying those GPs that were vulnerable during the changes and the CCGs were working with NHS England and GP federations in addressing this issue. GPs that would be affected by the changes this year were being looked at so that they could be advised and supported accordingly. Simon Hope added that working groups on areas such as accessible care were being set up to consider the impact on changes to services on patients.

12.5 Rosalyn King advised that detailed modelling in respect of practices uptake of services was being undertaken and a further report on this could be produced for the Board at a future meeting. She added that new services addressing the KPIs would commence from July 2016. Mike Robinson advised that the 0-5 Healthy Child Programme was in respect of health visitors encouraging immunisations as opposed to carrying out delivery of this treatment.

12.6 The Chairman expressed support for the direction the changes were going in and she emphasised the importance of the PMS review in dovetailing well with primary care co-commissioning overall.

13 NORTH WEST LONDON TRANSFORMING CARE PARTNERSHIP PLAN

13.1 The Board noted the report on the North West London Transforming Care Partnership Plan.

14 MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 26 JANUARY 2016

14.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 26 January 2016.

15 WORK PROGRAMME

15.1 Meenara Islam advised that the main substantive item for the next Board meeting on 26 May would be the Joint Planning item that would include updates on the Joint Health and Wellbeing Strategy refresh and on the North West London Sustainability and Transformation Plan.

16 ANY OTHER BUSINESS

16.1 There was no additional business for the Board to consider.

The Meeting ended at 6.06 pm.

CHAIRMAN: _____ **DATE** _____